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APPLICANTS

Chih-Hung Lee, Vernon Hills, IL;
 John R. Koenig, Chicago, IL;
 Brian S. Brown, Evanston, IL;

*** CONTINUING DATA *None* *****

*** FOREIGN APPLICATIONS *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 23492
 ROBERT DEBERARDINE
 ABBOTT LABORATORIES
 100 ABBOTT PARK ROAD
 DEPT. 377/AP6A
 ABBOTT PARK, IL
 60064-6008

TITLE
 Amides that inhibit vanilloid receptor subtype 1 (VR1) receptor

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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